



MISSOURI DEPARTMENT OF REVENUE  
DRIVER LICENSE BUREAU  
P.O. BOX 200  
JEFFERSON CITY MO 65105-0200  
TELEPHONE: (573) 751-2730 FAX: (573) 522-8174  
**AFFIDAVIT OF LOST/DESTROYED/STOLEN LICENSE/  
AFFIDAVIT TO CONFIRM IDENTIFICATION**

FORM  
**4676**  
(REV. 10-2005)

I, \_\_\_\_\_, do hereby swear or affirm on my oath,  
that I was born on the \_\_\_\_\_ day of \_\_\_\_\_, YEAR \_\_\_\_\_, and that my Social Security  
Number is \_\_\_\_\_.

Further, I swear or affirm that:

My license has been: Lost, Destroyed or Stolen (circle one)

The photo/image shown to me at the \_\_\_\_\_ License Office

(IS, IS NOT) my photo/image. (circle one)

I (DO, DO NOT) know that person. (circle one)

I (DO, DO NOT) know how that person was able to obtain my identification documents to enable him/her to impersonate me. (circle one)

Information regarding the person who impersonated me is as follows:

\_\_\_\_\_  
\_\_\_\_\_

Further, I am substantiating my identification to be true and authentic by presenting the following documents:

\_\_\_\_\_  
\_\_\_\_\_

Further, this affidavit is accompanied by photocopies of the documents listed above, the originals of which were witnessed by license office personnel.

Based on the information above, I am making application for a: ☐ Driver License ☐ Nondriver License ☐ Permit

PLACE OF EMPLOYMENT

WORK TELEPHONE

HOME TELEPHONE

MAIL DRIVER/NONDRIVER LICENSE/PERMIT TO:

☐ ADDRESS SHOWN ON LICENSE DOCUMENT

☐ OTHER (PLEASE INDICATE BELOW):

STREET ADDRESS

CITY

STATE

ZIP CODE

**I hereby certify, under penalty of perjury, that all information provided herein is true and accurate.**

SIGNATURE

DATE

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSE OR  
BLACK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)